

Health, Welfare, Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32464

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital		d. STREET ADDRESS Brice Rt.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last WALTER APPLEBERRY		4. DATE OF DEATH Month Day Year October 6, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 3, 1901	
9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and state or country) D Dallas County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry C. Appleberry		14. MOTHER'S MAIDEN NAME Lillie Swanigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mrs. H. C. Appleberry		Address Lebanon, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury to Chest wall Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fractures left clavicle, both tibia + fibula		INTERVAL BETWEEN ONSET AND DEATH 2 days.	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) auto accident	
20c. TIME OF INJURY 8 p.m. 10 4 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20f. CITY, TOWN, OR LOCATION Near Lebanon, Laclede Co. Mo.		20g. STATE	
21. I attended the deceased from Death occurred at 3:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		21. and last saw her alive on 10/6/57	
22a. SIGNATURE J. H. Johnson (Degree or title) M.D.		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 10-8-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/9/57	
23c. NAME OF CEMETERY OR CREMATORY Old Bolles Cemetery		23d. LOCATION (City, town, or county) (State) Laclede County Missouri	
24. FUNERAL DIRECTOR Address		25. DATE RECD. BY LOCAL REG. 10-10-1957	
26. REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

Received 10-14-57

Laclede County Health Unit

File No. 163

Date Filed 10-14-57

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed S. R. Palmer

Licensed Embalmer No. 2

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.